

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056

Exp. Date

6/30/93

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT Station # _____

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments thru the Automated Clearing House Payment System.

FEDERAL PROGRAM AGENCY

VA Financial Services Center

AGENCY IDENTIFIER:

XXXXXXXXXXXXXXXXXXXXXXXXXX

AGENCY LOCATION CODE (ALC)

XXXXXXXXXXXXXXXXXXXXXXXXXX

ACH FORMAT:

CCD

CTX

ADDRESS

P. O. Box 149971

Austin, Texas 78714

CONTACT PERSON NAME:

ATTN: VENDORIZING UNIT

TELEPHONE NUMBER

(512) 460-5049

ADDITIONAL INFORMATION:

FAX # (512) 460- 5221

COMPANY INFORMATION

NAME

SSN NO. OR TAXPAYER ID NO.

ADDRESS

CONTACT PERSON NAME:

TELEPHONE NUMBER:

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FINANCIAL INSTITUTION INFORMATION

NAME

ADDRESS

ACH COORDINATOR NAME:

TELEPHONE

NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

TYPE OF ACCOUNT

Checking

Savings

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:

(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

(

Additional Vendor Information

FAX: (____) _____

DUNS number: _____

REGISTRATION IN CCR AND HAVING A DUNS NUMBER IS A MANDATORY REQUIREMENT TO BE ABLE TO DO WORK FOR THE FEDERAL GOVERNMENT. IF YOU ARE NOT REGISTERED, YOU WILL NOT RECEIVE A GOVERNMENT CONTRACT OR PURCHASE ORDER.

Do you have any government contracts? Yes / No
If yes, please provide contract number and expiration date:

Type of business: ☐ Commercial ☐ State/Local Government Owned ☐ Non-profit ☐

Other: _____

Business size: ☐ Large ☐ Small

Socioeconomic Groups
Business Owned by:

☐ Small Disadvantaged Business*

☐ Javits-Wagner-O'Day

☐ Woman-Owned Small Business

☐ Veteran-Owned Small Business

☐ Service-Disabled Veteran-Owned Small Business

☐ 8 (a)*

☐ HubZone Small Business Concern*

☐ Historically Black Colleges & Universities / Minority Institutions

☐ None

*Must be certified by Small Business Administration (SBA)

S:_AMMS Shared Files\FORMS_Contracting Forms & Documents\VENDOR FORM.doc

Instructions for Completing SF 3881 Form

Make three copies of form after completing. Copy 1 is the Agency Copy; copy 2 is the Payee/Company Copy; and copy 3 is the Financial Institution Copy.

1. **Agency Information Section** - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. **Payee/Company Information Section** - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. **Financial Institution Information Section** - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.